

APPLICATION DATA SHEET

Application Information

Application Type::	Regular
Subject Matter::	Utility
Title::	SPRAY DEVICE
Attorney Docket Number::	V1042/20002
Total Drawing Sheets::	4
Small Entity?::	Yes

Correspondence Information

Correspondence Customer Number::	03000
Phone Number::	(215) 567-2010
Fax Number::	(215) 751-1142
E-Mail address::	mcornelison@crbcp.com

Representative Information

Registration Number::	40,395
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Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship	US
Country::	
Status::	Full Capacity
Given Name::	Lawrence
Middle Name::	M.
Family Name::	BUONO
City of Residence::	Philadelphia
State of Residence::	PA
Country of Residence::	US
Street of mailing address::	834 Chestnut Street, Apt. 924
City of mailing address::	Philadelphia
State of mailing address::	PA
Country of mailing address::	US
Zip Code of mailing address::	19107